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APR 17 2006

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7390

01/20/2006

Howard R. Popper  
 4436 E. Camelback Rd.  
 Phoenix, AZ 85018

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Brian F. Swinton (Depositor's name)  
 (Signature)  
 04/17/2006 (Date)

04/18/2006 TBESHAH2 00000063 503411 10666999

01 FC:1501 1400.00 DA  
 02 FC:1504 300.00 DA  
 03 FC:A001 0.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/666,999	09/20/2003	Hans-Georg Treusch	TREUSCH 4-1	6662

TITLE OF INVENTION: STEPPED MANIFOLD ARRAY OF MICROCHANNEL HEAT SINKS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/20/2006

  

EXAMINER	ART UNIT	CLASS-SUBCLASS
NOUYEN, PHILLIP	2828	372-035000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Howard R. Popper  
 2 Brian F. Swinton  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Spectra Physics, Inc.

Tucson, AZ

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature


Date 04/17/2006

Typed or printed name

Brian F. SwintonRegistration No. 49,030

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## fax cover sheet

**attn: Mail Stop Issue Fee**

fax number: (571) 273-2885

**from: Brian F. Swlenton**

fax number: (949) 253-1221

Date: 04/17/2006

RE: US Pat. Appln. Ser. No.: 10/666,999

**company: US PTO**

phone number: ( )

phone number: (949) 253-1489

Page: 1 of 3 (including this page)

**message:**

BF-10041 (10/04)

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PTO/SB/21 (09-04)  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/666,999
	Filing Date	09/20/2003
	First Named Inventor	Hans-Georg Treusch
	Art Unit	2828
	Examiner Name	Nguyen, Phillip
Total Number of Pages in This Submission	2	Attorney Docket Number Treusch 4-1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notices, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Issue Fee Transmittal
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name			
Signature			
Printed name	Brian F. Swinton		
Date	04/17/2006	Reg. No.	49,030

**CERTIFICATE OF TRANSMISSION/MAILING**

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Signature			
Typed or printed name	Brian F. Swinton	Date	04/17/2006

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